



Suicide is a Public Health Crisis

In Vermont, a person dies by suicide on average every three days, resulting in significant ripple effects on families, schools, communities, first responders, health care communities and systems overall.

We can reduce suicide rates if we work together to promote connection and community based supports, and reduce stigma that can keep people from talking about their mental health and asking for help when needed. Suicidal ideation is treatable, and suicide deaths are generally preventable.

Suicide and the COVID-19 Pandemic

Vermont has struggled with high suicide rates that have been increasing over the past decade. Over the past ten years the US suicide death rate has increased by 23%, while the Vermont rate has increased by 43%.

The COVID-19 pandemic and resulting quarantine has increased common suicidal risk factors for our population, including increases in social isolation, financial and social stressors, grief and loss, and relationship issues. Vermonters have shown incredible resiliency throughout the pandemic resulting in stable suicide rates thus far. However, we still have a long road to recovery, and the mental health impact of this pandemic is expected to peak later than the physical one. Therefore, it is imperative Vermonters continue to support one another and maintain a focus on bolstering awareness and supports for those at risk.



At Risk Groups

Suicide is the 8th leading cause of death in Vermont, and the 2nd cause for young people 15-34 years old, across all ages.

Risk factors can vary by age group, culture, sex, and other characteristics. For example:

- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among [lesbian, gay, bisexual, and transgender \(LGBT\)](#) youth.
- The historical trauma suffered by [American Indians and Alaska Natives](#) (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population.
- For men in the middle years, that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.
- In 2019, 13.4% of youth reported they had made a plan about how they would attempt suicide. Those concerns were higher among females and among lesbian, gay or transgender youth. About 1 in 6 female youth reported they made a suicide plan and about 1 in 12 attempted suicide at least once. In the same year, almost half of transgender youth made a suicide plan and about 1 in 3 attempted suicide at least once (YRBS 2019).



[Risk and Protective Factors | Suicide Prevention Resource Center \(sprc.org\)](#)

What Can You Do to Help?

What Can You Do:

- Check on your neighbors and your loved ones. If you know or suspect someone who has struggled with mental health in the past, reach out. Let them know you care and offer connection.
- Choose kindness. You never know what someone else is going through. A simple act of acknowledging another person who seems distressed can save a life. [Small Talk Saves Lives | Samaritans Campaigns](#)
- Understand that asking someone if they are feeling suicidal does not plant the thought in their head. Instead, it shows them you are open to having a direct conversation and enables clear communication
- Listen non-judgmentally — offer support and validation rather than advice or attempting to minimize their experience
- Connect them to supportive help through professional, peer or natural supports.



For more information on how you can #BeThe1To help save a life visit — [#BeThe1To Seize the Awkward | Talk With A Friend About Mental Health](#)

Means Matters

Reduce access to lethal means.

In 2020, of the 75 people who died by firearm in Vermont, 67 of those were death by suicide. Firearms have continuously been the most prevalent means for suicide with over 50% of suicide deaths resulting from this method.

Although firearms are the most prevalent means for suicide deaths, they are not the most common method for attempts.

 Intentional poisoning is the most common suicide attempt method, accounting for 57% of intentional self-harm hospital visits.

Safe storage of firearms and medications during times of increased suicide risk is one of the most important factors in saving a life.

During a suicidal or mental health crisis, you have [options for temporarily storing potentially dangerous things](#), like firearms or medicines.

For more information visit: [Suicide Prevention | Vermont Department of Health \(healthvermont.gov\)](#)

Zero Suicide

The Department of Mental Health supports approaches that will strengthen our existing suicide prevention efforts in Vermont like the Zero Suicide Program. Zero Suicide is a 7-pronged approach to building resilient communities and improving suicide safe care across our state, for young and older Vermonters.

Want to get involved? Join the Vermont Suicide Prevention Coalition:

The Vermont Suicide Prevention Coalition consists of over 70 representatives from public health, education, state agencies, suicide prevention advocacy groups, youth leadership, mental health services and survivors throughout the state.

Our mission is to create communities of hope throughout Vermont in which schools, agencies and people of all ages are given the knowledge, attitudes, skills and resources to respond effectively to suicidal behavior.

Our strategies include:

- Promoting the message that suicide across the lifespan is preventable
- Equipping health care and community based providers with the knowledge and skills to respond effectively to anyone in distress
- Increasing public awareness of the importance of addressing mental health issues and the characteristics of mental health wellness
- Establishing a broad-based suicide prevention, intervention and postvention program throughout Vermont
- Sponsoring a public information campaign to reduce the stigma associated with being a consumer of mental health, substance abuse and suicide prevention services and to increase connectedness and the promotion of mental health wellness
- Promoting positive youth development and life-long mental health
- Developing a five-year strategic plan to ensure long-term and sustainable approaches to prevention and early intervention



For more information, please visit [VTSP Coalition | VTSPC](#) or contact info@healthandlearning.org

OR

Attend the Suicide Prevention Symposium (Save the Date below)

Resources

If you or someone you know is having thoughts of suicide, help is available. Call 1-800-273 TALK to reach the suicide prevention Lifeline 24/7. Text the letters "VT" to 741741 for free, confidential text support. Or contact 211 to find a local counselor near you.



<https://vermontcarepartners.org/youth-and-adult-mental-health-first-aid/>

Activities

- [Vermont Suicide Prevention Symposium — Bringing Prevention into Focus](#)



Vermont Suicide Prevention Symposium • August 4, 2021
CONNECTING COMMUNITIES
TO SUPPORT & SUSTAIN SUICIDE PREVENTION

- National Alliance of Mental Illness — Vermont (<https://namivt.org/>)
- The American Foundation of Suicide Prevention (<https://afsp.org/chapter/vermont>).
- Vermont Psychiatric Survivors

Workforce Appreciation Spotlight

The Department of Mental Health wants to acknowledge the extensive commitment of the Designated Agencies who have signed on to implement Zero Suicide in their organizations. Zero Suicide is a set of evidence-based principles and practices for preventing suicide within health and mental health systems. Seven agencies in Vermont have joined the Zero Suicide initiative. In response to the COVID-19 pandemic, six of those Designated Agencies partnered with their local primary care offices to develop safe pathways to care for individuals needing support for suicidality. These efforts included bolstering awareness and identification of suicidal risk factors, developing protocols for triage and referral, and training in Counseling on Access to Lethal Means (CALM) an evidence-based practice for communicating with individuals at risk of suicide about how to effectively reduce their access to fatal means during times of suicidal crisis. This project benefited from the participation of 17 Primary Care Practices across Vermont and was supported by leadership from the Blueprint for Health.

